12/19/2009 00:11

Image# 29993490943

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) 655 Beach Street ADDRESS (number and street) Check if different than previously San Francisco CA 94109 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00196246 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 2009 3 0 2009 1 1 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Benjamin Bank Type or Print Name of Treasurer Electronically Filed by Benjamin Bank 12 18 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F3X}$

Transaction ID:

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

3 / 61

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	01 2009	To: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 Y Y Y		681385.49
	(b) Cash on Hand at Begining of Reporting Period	768715.57	
	(c) Total Receipts (from Line 19)	48793.95	603781.95
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	817509.52	1285167.44
7.	Total Disbursements (from Line 31)	66649.30	534307.22
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	750860.22	750860.22
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

4/61 FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

0 1 3 D м °м 1 1 м°м 1 1 2009 2009 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 33579.32 521763.20 (i) Itemized (use Schedule A) 13885.00 66330.62 (ii) Unitemized (iii) TOTAL (add 47464.32 588093.82 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry E00002 02

Totals to Line 33, page 5)	4/464.32	588093.82
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00

17	Other Federal Receipts (Dividends, Interest, etc.)	1329.63	15688.13
18.	Transfers from Non-Federal and Levin Funds		

(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00

(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
---	------	------

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	48793.95	603781.95

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 61

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1640.20	16605 70
	Expenditures(c) Total Operating Expenditures	1649.30	16625.72
	(add 21(a)(i), (a)(ii) and (b))	1649.30	16625.72
22.	Transfers to Affiliated/Other Party		
2	Committees	0.00	0.00
.0.	Federal Candidates/Committees and Other Political Committees	65000.00	454500.00
4.	Independent Expenditure		
5	(use Schedule E)	0.00	58704.00
J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use scriedule i)		
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	4477.50
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	4477.50
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	66649.30	534307.22
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	66640.20	E24207.00
	from Line 31)	66649.30	534307.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 61

	III. Net Contributions/Operating	COLUMN A	COLUMN B
	Expenditures	Total This Period	Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	47464.32	588093.82
34.	Total Contribution Refunds (from Line 28(d))	0.00	4477.50
85.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	47464.32	583616.32
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1649.30	16625.72
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1649.30	16625.72

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Thomas Aaberg, Jr. Mailing Address 2081 Hunters Run Nor			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Ada FEC ID number of contributing federal political committee.	State MI	Zip Code 49301	Transaction ID: 42B7896BABEC1B5BFF5 Amount of Each Receipt this Period 50.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophtham Aggregate		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Б.	Full Name (Last, First, Middle Initial) Omar Almallah Mailing Address 20 Mule Road			Date of Receipt 1 1 1 1 1 2 0 0 9
	City Toms River FEC ID number of contributing federal political committee.	State NJ	Zip Code 08755-5028	Transaction ID: 4F91A8586376BEC9E1B8 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYM-
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophtham Aggregate		ENT APPROVED AND SETTLED
С.	Full Name (Last, First, Middle Initial) John Altenburg Mailing Address Suite 205 6101 Webb Road			Date of Receipt 1 1 1 9 2 0 0 9
	City Tampa FEC ID number of contributing federal political committee.	State FL	Zip Code 33615-2872	Transaction ID: 34D64AA95EEB3AC3276 Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Check drily drie)
7	Any information copied from such Reports and Son for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political commit	
A .	Full Name (Last, First, Middle Initial) Daniel Alter Mailing Address Suite 640 1875 Dempster Street City Park Ridge FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code IL 60068-1179 C Occupation Ophthamologist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Manek Anklesaria Mailing Address Suite 307 2325 S Harvard Avenue City Tulsa FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code OK 74114-3307 C Occupation Ophthamologist Aggregate Year-to-Date 730.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- C.	Full Name (Last, First, Middle Initial) Amin Ashrafzadeh Mailing Address 3209 Papillon Court City Modesto FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify)	State Zip Code CA 95356-9307 C Occupation Ophthamologist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		1564.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Charles Baltimore Mailing Address 639 W 15th Street City Washington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NC C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 1 1 7 2 0 0 9 Transaction ID: 2E188CFF68789AD31E8 Amount of Each Receipt this Period 199.00
Б.	Full Name (Last, First, Middle Initial) Allen Beardsley Mailing Address PO Box 2020 City Havre FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MT C Occupation Ophtham Aggregate	Zip Code 59501-2020	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
с.	Full Name (Last, First, Middle Initial) Paul Beer Mailing Address Suite 201 1220 New Scotland F City Slingerlands FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NY C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 0 9 Transaction ID: 043E0B4F2618930C784 Amount of Each Receipt this Period 365.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1564.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 61 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmolo	egy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Joseph Bentivegna		Date of Receipt
Mailing Address 541 Cromwell Aven		11 1 7 2009
City Rocky Hill	State Zip Code CT 06067-1805	Transaction ID: 6A130B5662AEFCB37 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) David Beverly		Date of Receipt
Mailing Address Suite 202 34520 Bob Wilson I	Orive	1 1 0 4 2 0 0 9
City San Diego	State Zip Code CA 92134-2202	Transaction ID: 62E3CE9B48A9273D
FEC ID number of contributing federal political committee.	CA 92134-2202	Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Thomas William Biggs, II		Date of Receipt
Mailing Address Suite 100 5825 S Main Street		11 23 2009
City Clarkston	State Zip Code MI 48346-2983	Transaction ID: 6D27E29938D8AF4FI Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
)	865.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) G. Edward Bryant, Jr. Mailing Address 303 W Polk Avenue City West Memphis FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State AR C Occupation Ophtham Aggregate	ologist Year-to-Date ▼ 390.00	Date of Receipt M M M / 20 / 2009 Transaction ID: 40989AF399FED018DD3 Amount of Each Receipt this Period 25.00 BATCH TOOL RECURRING PAYM-ENT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) Mark Cabin Mailing Address Suite 120 1555 N Barrington Roa City Hoffman Estates FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State IL C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) David Chang Mailing Address Suite 1 762 Altos Oaks Drive City Los Altos FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CA C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1025.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	statements may not be sold or used by any perso ename and address of any political committee to Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Grace Cinciripini Mailing Address 514 - 34th Avenue City Seattle FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code WA 98122-6472 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Donald Cinotti Mailing Address 600 Pavonia Avenue 6th Floor City Jersey City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NJ 07306-2932 C Occupation Ophthamologist Aggregate Year-to-Date 1101.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Thomas Ciulla Mailing Address Suite 1050 200 W 103rd Street City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code IN 46290-1092 C Occupation Ophthamologist Aggregate Year-to-Date 1000.00	Date of Receipt M M J D D J Z D D 9 Transaction ID: DDF8AB2123C5B612BE Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) S. William Clark, III Mailing Address 502 Isabella Street			Date of Receipt
	City Waycross FEC ID number of contributing	State GA	Zip Code 31501-3638	Transaction ID: 4A4BB867B74BEDBFDA5 Amount of Each Receipt this Period
	federal political committee. Name of Employer Self	Occupatio Ophtham		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	, ' ' ' 	e Year-to-Date ▼ 33333.28	
- В.	Full Name (Last, First, Middle Initial) Victor Clever Mailing Address 1005 Fairgrounds			Date of Receipt 1 1 0 5 2 0 0 9
	City St. Charles	State MO	Zip Code 63301	Transaction ID: 9E812D27E99DCA8BBFE Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Self	Occupatio		100.00
	Receipt For: Primary General Other (specify) ▼	Ophtham Aggregate	nologist e Year-to-Date ▼ 260.00	
- С.	Full Name (Last, First, Middle Initial) Curtis Cornelius Mailing Address 26 Calle Del Sol			Date of Receipt
	City Placitas	State NM	Zip Code 87043-9209	Transaction ID: AD00F7A38F6CB90A97B Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	C	n	100.00
	Self Receipt For: Primary Other (specify) ▼	Ophtham		
	SUBTOTAL of Receipts This Page (optional)			616.66

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>/</u> A.	Full Name (Last, First, Middle Initial) Terry Croyle Mailing Address 2375 S Main Street City Moultrie FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State GA C Occupatio Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- З.	Full Name (Last, First, Middle Initial) Jonathan Davidorf Mailing Address Suite 190 7320 Woodlake Avenue City West Hills FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CA C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Brian Desmond Mailing Address 19499 Blue Lake Loop City Bend FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State OR C Occupatio Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			630.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers he name and address of any political committee to gy Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Dibble Mailing Address 1120 Main Street City Willimantic FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CT 06226-2014 C Occupation Ophthamologist Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Christopher Dickens Mailing Address Suite 103 491 30th Street City Oakland FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 94609-3235 C Occupation Ophthamologist Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) F. Jane Durcan Mailing Address 427 S Bernard Stree City Spokane FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code WA 99204-2559 C Occupation Ophthamologist Aggregate Year-to-Date 449.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		864.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate for each cate Detailed Sun	e schedule(s) egory of the	FOR LINE NUMBER: PAGE 16 / 61 (check only one) X 11a
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any polit	tical committee to so	or the purpose of soliciting contributions
A .	Full Name (Last, First, Middle Initial) Shehab Ebrahim Mailing Address 4717 Woodland Aven City Metairie FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code LA 70002-136 C Occupation Ophthamologist Aggregate Year-to-Date		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) John Stuart Ettenson Mailing Address 1 ThealI Road City Rye FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 10580 C Occupation Ophthamologist Aggregate Year-to-Date		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) K. Bailey Freund Mailing Address 460 Park Avenue Floor 5 City New York FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 10022-185 C Occupation Ophthamologist Aggregate Year-to-Date		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		<u> </u>	600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and add	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Joel Geffin Mailing Address 1201 W Main Street City Waterbury FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CT C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Todd Goldblum Mailing Address 303D Mulberry Street City Albuquerque FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NM C Occupation Ophtham		Date of Receipt M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
с.	Full Name (Last, First, Middle Initial) Roy Goodart Mailing Address 6545 S Canyon Cove City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State UT C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 6 2 0 0 9 Transaction ID: 473F710D455E8FB0EBF Amount of Each Receipt this Period 500.00
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			775.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Robert Gross Mailing Address 4661 Livingston Avenu City Dallas FEC ID number of contributing federal political committee. Name of Employer Self Receipt For:	State TX C Occupatio Ophtham		Date of Receipt M M M
_ 3.	Primary General Other (specify) Full Name (Last, First, Middle Initial) David Guyette Mailing Address 600 Main Street	nggrogate.	665.00	Date of Receipt
	City Malden FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State MA C Occupatio Ophtham Aggregate		Transaction ID: 53D6F33E40E16694B20 Amount of Each Receipt this Period 500.00
- >.	Other (specify) Full Name (Last, First, Middle Initial) Cynthia Hampton Mailing Address Suite 204 451 Ruin Creek Road City Henderson FEC ID number of contributing	State NC	Zip Code 27536-5920	Date of Receipt M M M O D D O D O D O D O D O D O D O D
	federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Occupatio Ophtham Aggregate		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional)			825.00

	SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Ophthalmolo			
∠ A .	Full Name (Last, First, Middle Initial) M. Harmon Mailing Address Levacy and Harmon	Eye Center		Date of Receipt
	3345 Plaza Ten Dr. City	Suite B State	Zip Code	1 1 1 2 0 0 9 Transaction ID: D7812D8544281FC3169
	Beaumont	TX	77707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self	Occupatio Ophthan		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 730.00	
_ В.	Full Name (Last, First, Middle Initial) Weldon Havins Mailing Address 88 Ancient Hills Lan	e		Date of Receipt
	Cit.	Ctata	7in Codo	11 03 2009
	City State Henderson NV		Zip Code 89074-1750	Transaction ID: 09973993B4527D8339B Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00074 1700	75.00
	Name of Employer Self	Occupatio Ophthan		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 275.00	
_ C.	Full Name (Last, First, Middle Initial) Richard Hawkins Mailing Address 1729 New Hanover	Medical Park [Driv	Date of Receipt 1 1 1 7 2 0 0 9
	City	State	Zip Code	1 1 1 7 2 0 0 9 Transaction ID: 48B3A8758391AD80FA2
	Wilmington	NC	28403-5345	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self	Occupatio Ophtham	nologist	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional)		490.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 20 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of a	any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Kathryn Hecker-Magee Mailing Address 3003 Steepleton Color City Greensboro FEC ID number of contributing federal political committee. Name of Employer Self	State Zip	Code #10-9275	Date of Receipt M M M
_	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-		
В.	Full Name (Last, First, Middle Initial) Marnix Heersink Mailing Address 2800 Ross Clark Circle City	State Zip	Code	Date of Receipt 1 1 0 5 2 0 0 9 Transaction ID: 1D758A65B135ECE8849
	Dothan FEC ID number of contributing federal political committee. Name of Employer	AL 363	301-2040	Amount of Each Receipt this Period 1000.00
	Receipt For: Primary General Other (specify) ▼	Ophthamologist Aggregate Year-to-		
_ C.	Full Name (Last, First, Middle Initial) Jeffrey Heier Mailing Address Suite 600 50 Staniford Street City Boston	MA 021	Code 14-2517	Date of Receipt M M 20
	FEC ID number of contributing federal political committee. Name of Employer Self	Occupation Ophthamologist		BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-		
	SUBTOTAL of Receipts This Page (optional)			1300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	r information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
A	Full Name (Last, First, Middle Initial) Thomas Heyrman Mailing Address N84W16889 Menomo City Menomonee Falls FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State WI C Occupation Ophthan		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mark Hughes Mailing Address Suite 600 50 Staniford Street City Boston FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MA C Occupation Ophtham Aggregate		Date of Receipt M M D D 2 0 0 9 Transaction ID: 4F46A048B9693462921 Amount of Each Receipt this Period 416.66 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Full Name (Last, First, Middle Initial) James Izer Mailing Address 4255 Carmichael Cou City Montgomery FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State AL C Occupation Ophthan		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SU	IBTOTAL of Receipts This Page (optional)		<u></u>	1416.66

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
_	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Leslie Jones Mailing Address Suite 2100 2041 Georgia Avenue City Washington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State DC C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Lawrence Kahn Mailing Address 5881 E Sapphire Lane City Paradise Valley FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State AZ C Occupatio Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Martin Kaplan Mailing Address Southdale Eye Clinic 6533 Drew Avenue S City Edina FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MN C Occupatio Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			440.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political committee to	on for the purpose of soliciting contributions
A .	Full Name (Last, First, Middle Initial) Philip Kath Mailing Address 335 East Parker Road City Morganton FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NC 28655 C Occupation Ophthamologist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
– В.	Full Name (Last, First, Middle Initial) John Kennedy Mailing Address 1675 Providence Aven City Schenectady FEC ID number of contributing federal political committee. Name of Employer Self	ue State Zip Code NY 12309-3919 C Occupation	Date of Receipt M M M / D D D / Y Y Y Y Y 1 1 1 6 2 0 0 9 Transaction ID: DEA291E571792912FD6 Amount of Each Receipt this Period 500.00
_ C.	Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mary Frances Kerr Mailing Address 3600 Colewood Drive City Nashville FEC ID number of contributing federal political committee.	Ophthamologist Aggregate Year-to-Date ▼ 500.00 State Zip Code TN 37215-3259 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Γ	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthamologist Aggregate Year-to-Date 310.00	
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1310.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 61 (check only one) X
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Jeffrey Ketcham Mailing Address PO Box 134 City Red Wing	State MN	Zip Code 55066-0134	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Ophtham Aggregate		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) Tae Kim Mailing Address Suite 202 11829 South Street City Cerritos FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CA C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- C.	Full Name (Last, First, Middle Initial) Stephen Kondash Mailing Address Suite 300 2841 Boudinot Avenue City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State OH C Occupation Ophtham		Date of Receipt M M J D D J Z 2 0 0 9 Transaction ID: 4E75BF33273F2AB9BAEE Amount of Each Receipt this Period 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional) .			440.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog			on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Lisa Lane Mailing Address 5790 N Camino De La	a Sombra		Date of Receipt
	City Tucson	State AZ	Zip Code 85718-3919	Transaction ID: 49FAA423335AF593C36 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00 PACWEB RECURRING CC PAYME-
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthan Aggregate		NT APPROVED AND SETTLED WIL-
- В.	Full Name (Last, First, Middle Initial) Wayne Larrison Mailing Address Suite 402A 46 Prince Street			Date of Receipt 1 1 1 2 0 0 9
	City New Haven	State CT	Zip Code 06519-1600	Transaction ID: 35A15660CF55F478C25 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Receipt For:	Occupation Ophthan Aggregate		
	Primary General Other (specify) ▼	33 3	750.00]
С.	Full Name (Last, First, Middle Initial) Jerry Lehmann Mailing Address 3129 College Street			Date of Receipt 1 1 0 5 2 0 0 9
	City Beaumont	State TX	Zip Code 77701-4660	Transaction ID: 3AD5E1DA7E31D5237F Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77701 4000	199.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 449.00	
	SUBTOTAL of Receipts This Page (optional) .			549.00
	TOTAL This Period (last page this line numbe	r only)	<u> </u>	

Lafayette EC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) David Levine Mailing Address Suite H2 19271 Montgomery Village Avenue	the purpose of soliciting contributions it contributions from such committee.
A. Rick Leoni Mailing Address Suite A 203 Rue Louis Xiv City State Zip Code Lafayette LA 70508-5736 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Levine Mailing Address Suite H2 19271 Montgomery Village Avenue City State Zip Code Montgomery Village MD 20886-5029 FEC ID number of contributing federal political committee. City State Zip Code Montgomery Village MD 20886-5029	
B. David Levine Mailing Address Suite H2 19271 Montgomery Village Avenue City State Zip Code Montgomery Village MD 20886-5029 FEC ID number of contributing federal political committee.	Date of Receipt M
Receipt For: Primary Other (specify)	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Tucson AZ 85718-3919 FEC ID number of contributing federal political committee.	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	400.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 61 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and addre	ess of any political committee to	on for the purpose of soliciting contributions
∠ A .	Full Name (Last, First, Middle Initial) Raymond Liggio Mailing Address 80 Lindall Street			Date of Receipt 1 1 1 7 2 0 0 9
	City Danvers	State MA	Zip Code 01923-2135	Transaction ID: 01754BEB2EDAB81049F Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthamo Aggregate Y	logist ′ear-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Kim Lindenmuth Mailing Address 45 South Park Boulev	ard Suite 375		Date of Receipt
	City	State	Zip Code	Transaction ID: 6C7FC54958B141CAB3I
	Glen Ellyn	<u>IL</u>	60137-6291	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthamo		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Mark Lindsay Mailing Address 2725 E 29th Street	1		Date of Receipt 1 1 0 5 2 0 0 9
	City	State	Zip Code	Transaction ID: 8C1F9C70DD1C2DAC7
	Bryan FEC ID number of contributing federal political committee.	C	77802-2504	Amount of Each Receipt this Period 25.00
	Name of Employer Self	Occupation Ophthamo	logist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	•		1025.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	tatements may not be sold or used by any personame and address of any political committee to Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Matthew Paul Madion Mailing Address 929 Business Park Dri City Traverse City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code MI 49686-8683 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 699.00	Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) William Mandrick Mailing Address 44 Hackamore Lane City Bell Canyon FEC ID number of contributing federal political committee. Name of Employer	State Zip Code CA 91307-1017 C	Date of Receipt 1 1 0 9 2 0 0 9 Transaction ID: A6CD89FFB6B9CF3D59E Amount of Each Receipt this Period 500.00
-	Self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Ophthamologist Aggregate Year-to-Date ▼ 500.00	Data of Pagaint
C.	Alan Marks Mailing Address 2110 Northern Bouleva Suite 208 City Manhasset FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 11030 C Occupation Ophthamologist Aggregate Year-to-Date 365.00	Date of Receipt M M 3 0 2 0 0 9 Transaction ID: 816EB21F4C52673B058 Amount of Each Receipt this Period 365.00
	SUBTOTAL of Receipts This Page (optional)		1064.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions	
∠ A .	Full Name (Last, First, Middle Initial) Benjamin Mason Mailing Address 1110 Eagle Ridge Roa City Cedar Falls FEC ID number of contributing federal political committee.	State IA	Zip Code 50613-1514	Date of Receipt M M	
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophtham Aggregate		NT APPROVED AND SETTLED	
В.	Full Name (Last, First, Middle Initial) James Matthews Mailing Address 53 Avenue of Champi	Date of Receipt			
	City State Zip Code			Transaction ID: 302DB1AF28419B59F84	
	Nicholasville	e KY		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			365.00	
	Name of Employer Self	Occupation Ophtham			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00		
с. С.	Full Name (Last, First, Middle Initial) Peter McCanna			Date of Receipt	
	Mailing Address 1025 Regent Street			11 1 19 2009	
	City Madison	State WI	Zip Code 53715-1248	Transaction ID: 228B379A3C516FB144A Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	00710 12-10	365.00	
	Name of Employer Occupation Self Ophtham				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00		
	SUBTOTAL of Receipts This Page (optional) .	1		780.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 61 (check only one) X
Any information copied from such Reports and State or for commercial purposes, other than using the result of NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Calvin Mein Mailing Address 9480 Huebner Road Suite 310 City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TX 78240-1657 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 550.00	Date of Receipt M
Full Name (Last, First, Middle Initial) James Merritt Mailing Address 8230 Walnut Hill Lane Suite 508 City Dallas FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 75231-4400 C Occupation Ophthamologist Aggregate Year-to-Date 550.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Aaron Miller Mailing Address Suite 4 13414 Medical Complex City Tomball FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TX 77375-6470 C Occupation Ophthamologist Aggregate Year-to-Date 550.00	Date of Receipt M M M 23 2009 Transaction ID: 4947894E8D5FEA0A0D Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
SUBTOTAL of Receipts This Page (optional)		150.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	THE FUILLOA	Toommilee (OFTTTFAO)	- Date of Bassist
Α.	Donald Miller Mailing Address 1 Medical Center Drive	Date of Receipt 1 1 1 7 2 0 0 9		
	City Lebanon	State NH	Zip Code 03756-1000	Transaction ID: 375355372FEE5048A04 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupatio Ophtham		
	Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Amalia Miranda	1		Date of Receipt
	Mailing Address Building A # 700 3435 Northwest 56th Street			11 14 2009
	City Oklahoma City	State OK	Zip Code 73112-4448	Transaction ID: 4539B77D662301557F0
	FEC ID number of contributing federal political committee.	C	73112-4440	Amount of Each Receipt this Period 100.00
	Name of Employer Self	Occupatio Ophtham		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 565.00	
_ C.	Full Name (Last, First, Middle Initial) Craig Morgan	1		Date of Receipt
	Mailing Address 1611 13th Avenue			11 23 2009
	City Huntington	State WV	Zip Code 25701-3811	Transaction ID: 5367B01B886CB17AAC Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	23701-3011	1000.00
	Name of Employer Self	Occupatio Ophtham		
	Receipt For: Primary General Other (specify) ▼	1 1	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)			1350.00

	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Ophthalmolo			on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Thomas Mulligan Mailing Address Suite 201 2515 Southwest Trei	nton Stroot		Date of Receipt 1 1 0 5 2 0 0 9
	City	State	Zip Code	Transaction ID: 63639C350BC44F07848
	Seattle	WA	98106-3209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Thomas Mundorf			Date of Receipt
	Mailing Address 4333 Morrowick Roa	11 08 2009		
	City	State	Zip Code	Transaction ID: 97C30DEA-88E7-44AD-
	Charlotte FEC ID number of contributing federal political committee.	NC C	28226	Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Paul Nichols			Date of Receipt
	Mailing Address 3889 Veterans Mem	orial Parkway		11 05 2009
	City	State	Zip Code	Transaction ID: E05F07CD140AF86FED
	St. Peters FEC ID number of contributing federal political committee.	MO C	63376-6416	Amount of Each Receipt this Period 250.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional))		1000.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Terrill Olsen Mailing Address 3260 Northwest Mount City Silverdale FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Vintage Way State Zip Code WA 98383-6000 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Laura Pallan Mailing Address 807 Timber Lane City Sewickley FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code PA 15143-8952 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 390.00	Date of Receipt M M M
С.	Full Name (Last, First, Middle Initial) Maria Patterson Mailing Address 12690 W North Avenue City Brookfield FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code WI 53005-4636 C Occupation Ophthamologist Aggregate Year-to-Date 390.00	Date of Receipt M
	SUBTOTAL of Receipts This Page (optional)		415.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Todd Perkins Mailing Address 2870 University Avenu City Madison FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State WI C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- B.	Full Name (Last, First, Middle Initial) Bryan Phillips Mailing Address 3807 Royal Portrush D City Naperville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State IL C Occupation Ophtham	Zip Code 60564-5916	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- C.	Full Name (Last, First, Middle Initial) Mary Gina Ratchford Mailing Address 67 Balfour Drive City West Hartford FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CT C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			915.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	on for the purpose of soliciting contributions o solicit contributions from such committee.		
A .	Full Name (Last, First, Middle Initial) Erman Rawlings Mailing Address 3430 Bienville Boulev City Ocean Springs FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MS C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- В.	Full Name (Last, First, Middle Initial) Harvey Reiser Mailing Address 945 Lantern Hill Road City Shavertown FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State PA C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) David Richardson Mailing Address Suite P25 207 S Santa Anita St City San Gabriel FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State CA C Occupation Ophtham		Date of Receipt M
	SUBTOTAL of Receipts This Page (optional)			1067.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 61 (check only one) X
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	on for the purpose of soliciting contributions o solicit contributions from such committee.	
A .	Full Name (Last, First, Middle Initial) Frank Romano Mailing Address 102 Fairview Dr. Suite Southampton Medical City Franklin FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Teresa Rosales Mailing Address Suite 108 4100 Long Beach Bou City Long Beach FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 90807-2696 C Occupation Ophthamologist Aggregate Year-to-Date 775.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Paul Rosenberg Mailing Address Ocusight Eye Care Ce 1015 Ridge Road City Webster FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 14580-2907 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 550.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)		325.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 61 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Harvey Rosenblum Mailing Address 220 Madison Avenue			Date of Receipt 1 1 1 1 2 2 0 0 9
	City New York	State NY	Zip Code 10016-3422	Transaction ID: 97A10233AD6F0622AFI Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		199.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 699.00	
_ 3.	Full Name (Last, First, Middle Initial) David Rozas Mailing Address Suite 101 5 Saint Vincent Circle			Date of Receipt 1 1 1 0 2 0 0 9
	City	State	Zip Code	Transaction ID: BAE4591781F9716D8C
	Little Rock FEC ID number of contributing federal political committee.	AR C	72205-5415	Amount of Each Receipt this Period 1000.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Steven Samuelson Mailing Address 2827 N Clarkson Street	et		Date of Receipt 1 1 2 2 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 45B889E1448FE457773
	Fremont FEC ID number of contributing federal political committee.	NE C	68025-7714	Amount of Each Receipt this Period 25.00
	Name of Employer Self	Occupation Ophtham		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 415.00	
	SUBTOTAL of Receipts This Page (optional)			1224.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog			on for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Ralph Sando, Jr. Mailing Address 101 Laurier Place City Bryn Mawr FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State PA C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 0 9 Transaction ID: DE8C574CC2C9E87749D Amount of Each Receipt this Period 500.00
В.	Full Name (Last, First, Middle Initial) Matthew Schmidt Mailing Address 7600 W College Drive City Palos Heights FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State IL C Occupation Ophtham		Date of Receipt M M M O D D O Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Robert Schultze Mailing Address 49 North Street City Delmar FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NY C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) .			1025.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to	
American Academy of Opnthalmolog	gy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Joel Schuman		Date of Receipt
Mailing Address 5416 Darlington Rd		11 09 2009
City	State Zip Code	Transaction ID: 864B5584-B44A-41E2-
<u>Pittsburgh</u>	PA 15217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Donald Schwartz		Date of Receipt
Mailing Address Suite 108 2650 Elm Avenue		11 30 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 0435747C3D05D26157
Long Beach	CA 90806-1651	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00	
Full Name (Last, First, Middle Initial) Eric Shakin		Date of Receipt
Mailing Address 30 Hempstead Aven	ue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 80F919B5DC66E85170
Rockville Centre	NY 11570-4033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
SUBTOTAL of Receipts This Page (optional)		915.00
TOTAL This Period (last page this line numb		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	tatements may not be sold or used by any personame and address of any political committee to Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Hayne Sheffield Mailing Address Suite 4	Orive State Zip Code TX 77375-3333 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 730.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Shulman Mailing Address Suite 127 999 E Basse Road City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TX 78209-1802 C Occupation Ophthamologist Aggregate Year-to-Date	Date of Receipt M M O 8 2009 Transaction ID: 4052B795CB729F2B4DA Amount of Each Receipt this Period 100.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
Full Name (Last, First, Middle Initial) Joseph Sidikaro Mailing Address Suite 410 435 N Roxbury Drive City Beverly Hills FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 90210-5027 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 699.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)]	664.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee	•
American Academy of Ophthalmolo	ogy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Scott So		Date of Receipt
Mailing Address Suite 214 2100 Webster Stree	et	11 19 2009
City	State Zip Code	Transaction ID: 471E9528D2F94AC970
San Francisco	CA 94115-2373	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self	Occupation Ophthamologist	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) James Speights		Date of Receipt
Mailing Address Suite 820 7940 Floyd Curl		1 1 1 7 2 0 0 9
City	State Zip Code	Transaction ID: 7E75F773BD0D271E5D
San Antonio	TX 78229-3905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Jay Bennett Stallman		Date of Receipt
Mailing Address 1100 Johnson Ferry Building 2 Suite 593		M M / D D / Y Y Y Y Y Y Y 1 1 2 2 0 0 9
City	State Zip Code	Transaction ID: DE3416437D91028DE4
<u>Atlanta</u>	GA 30342-1709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	199.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 564.00	
	l)	1299.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 61 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			
∠ A .	Full Name (Last, First, Middle Initial) Richard Storm			Date of Receipt
	Mailing Address 303 East Park Avenue City	State	Zip Code	1 1 1 2 0 0 9 Transaction ID: 48578286E89AA94F2B0
	Long Beach FEC ID number of contributing federal political committee.	C	11561-3600	Amount of Each Receipt this Period 25.00
	Name of Employer Self	Occupatio Ophtham		BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
- В.	Full Name (Last, First, Middle Initial) Paul Szewczyk Mailing Address 4900 W Main Street	1		Date of Receipt
				11 05 2009
	City Belleville	State II	Zip Code 62226-4725	Transaction ID: 6156C7AE2E698307A23 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02220-4725	365.00
	Name of Employer Self	Occupatio Ophtham	nologist	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 365.00]
- C.	Full Name (Last, First, Middle Initial) Gary Tanner	1		Date of Receipt
	Mailing Address 109 Crosspointe Cour	t		11 29 2009
	City	State	Zip Code	Transaction ID: 44E1984C576EF3C624D
	Yorktown FEC ID number of contributing federal political committee.	C	23693-5581	Amount of Each Receipt this Period 50.00
	Name of Employer Self	Occupatio Ophtham		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional)	1		440.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 11a 13	107.01
or for commercial p	urposes, other than using the r IMITTEE (In Full)	name and add	y not be sold or used by any persidress of any political committee to Committee (OPHTHPAC)	on for the purpo o solicit contribu	ose of soliciting contributions utions from such committee.
John William The	867 Brookhaven Spring of contributing committee.	State GA C Occupation Ophtham	Zip Code 30342-3551		<u>'</u>
Full Name (Last Peter Utrata Mailing Address City Columbus FEC ID number federal political of Employ Self Receipt For: Primary Other (spe	262 Neil Avenue of contributing committee.	State OH C Occupation Ophtham Aggregate		Amount	·
Full Name (Last Joseph Walsh Mailing Address City New York FEC ID number federal political of Name of Employ Self Primary Other (spe	of contributing committee.	State NY C Occupation Ophtham			<u>'</u>
SUBTOTAL of Re	ceipts This Page (optional)				800.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Thomas Peter Ward Mailing Address 18 Old Stone Crossing City West Hartford FEC ID number of contributing federal political committee. Name of Employer Self Receipt For:	State CT C Occupation Ophtham		Date of Receipt 1 1 1 2 0 0 9 Transaction ID: 42F2A8449EB89C36EA0 Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
<u>-</u>	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	250.00	
В.	Aaron Weingeist Mailing Address 3934 S Americus St City Seattle FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State WA C Occupatior Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 0 5 2 0 0 9 Transaction ID: 4E6AA5A49855588E157A Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
С.	Full Name (Last, First, Middle Initial) Tay Weinman Mailing Address 571 W 7th Street City San Pedro FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CA C Occupatior Ophtham Aggregate		Date of Receipt 1 1 1 9 2 0 0 9 Transaction ID: D6A4DE1A0B70A381BAE Amount of Each Receipt this Period 199.00
	SUBTOTAL of Receipts This Page (optional))	299.00

City Traverse City MI		HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Jeffrey Wentzloff Mailing Address 2265 Cove Dr City State Zip Code Traverse City MI 49684 FEC ID number of contributing tederal political committee. Pull Name (Last, First, Middle Initial) Self Cocupation (Dopthhamologist) Name of Employer Self Self Cocupation (Dopthhamologist) FUII Name (Last, First, Middle Initial) Wayne Whitmore Mailing Address 116 E 68th Street City State Zip Code NY 10065-5955 FEC ID number of contributing federal political committee. Perimary General Occupation Ophthamologist FEC ID number of contributing federal political committee. Name of Employer Ophthamologist Receipt For: Perimary General Ophthamologist Receipt For: Perimary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ FEC ID number of contributing Fector of contributing federal political committee. C. Name of Employer Aggregate Year-to-Date ▼ Primary General Ophthamologist Aggregate Year-to-Date ▼ Name of Employer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Ye	or fo	r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
B. Wayne Whitmore Mailing Address 116 E 68th Street City State Zip Code New York NY 10065-5955 FEC ID number of contributing federal political committee. Name of Employer Self City Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Joseph Wilhelm Mailing Address 702 W Lake Lansing Road City State Zip Code Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. C. State Zip Code East Lansing State Zip Code East Lansing Feceipt Transaction ID: 223912711955B4: Amount of Each Receipt this Period Date of Receipt Apgregate Year-to-Date ▼ Transaction ID: 4A7C9343CA9DA Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self C C State Zip Code East Lansing Feceipt Transaction ID: 4A7C9343CA9DA Amount of Each Receipt this Period BATCH TOOL RECURRING PAY ENT APPROVED AND SETTLED TABPROVED AND SETTLED	A. John M. C. T. F. fee	effrey Wentzloff Mailing Address 2265 Cove Dr Sity Fraverse City EC ID number of contributing ederal political committee. Idame of Employer Self Receipt For: Primary General	MI C Occupatio Ophtham	49684 nologist e Year-to-Date ▼	Transaction ID: 464C1E29-450E-4F4C- Amount of Each Receipt this Period
C. Joseph Wilhelm Mailing Address 702 W Lake Lansing Road City State Zip Code East Lansing MI 48823-8526 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 4A7C9343CA9DA Amount of Each Receipt this Period BATCH TOOL RECURRING PAY ENT APPROVED AND SETTLED	B.	Vayne Whitmore Mailing Address 116 E 68th Street Sity New York EC ID number of contributing ederal political committee. Idame of Employer Self Receipt For: Primary General	NY C Occupatio Ophtham	n nologist e Year-to-Date ▼	1 1 0 9 2 0 0 9 Transaction ID: 223912711955B497E9B Amount of Each Receipt this Period
SUBTOTAL of Passinta This Page (entional)	C. J. N. C. E. F. fee	oseph Wilhelm Mailing Address 702 W Lake Lansing F Sity East Lansing EC ID number of contributing ederal political committee. Idame of Employer Self Receipt For: Primary General	State MI C Occupatio Ophtham	48823-8526 n nologist e Year-to-Date ▼	Transaction ID: 4A7C9343CA9DA88D680 Amount of Each Receipt this Period
SUBTUTAL OF Necelpts Tris Page (optional)	SUE	BTOTAL of Receipts This Page (optional)			749.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate for each cate Detailed Sum	gory of the (FOR LINE NUMBER: PAGE 46 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or u dress of any politi	sed by any persor	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	l Committee (C	OPHTHPAC)	
∠ A.	Full Name (Last, First, Middle Initial) Brian Wnorowski				Date of Receipt
	Mailing Address 1404 Winesap Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code		Transaction ID: 60072B78-4677-43CD-
	<u>Manasquan</u>	NJ	08736		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self	Occupation Ophthan			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼	1500.00	
_ В.	Full Name (Last, First, Middle Initial) George Wyhinny				Date of Receipt
	Mailing Address 1875 W Dempster				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		Transaction ID: A29A0E78597BE897BF
	Park Ridge	IL	60068		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			199.00
	Name of Employer Self	Occupation Ophthan			
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date	819.00	

SUBTOTAL of Receipts This Page (optional)	•	699.00
TOTAL This Period (last page this line number only)		33579.32

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 61 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 101 S Marengo Avenue 3rd Floor City Pasadena FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State CA C Occupation	Zip Code 91101 n Year-to-Date ▼ 10441.67	Date of Receipt 1 1 3 0 2 0 0 9 Transaction ID: E51F38A79B5DC9FE591 Amount of Each Receipt this Period 964.63 CD interest - Nov09
B.	Full Name (Last, First, Middle Initial) Rex Cole Mailing Address 1300 Wonder World D City San Marcos FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State TX C Occupation Ophtham		Date of Receipt M

		1000.00
SUBTOTAL of Receipts This Page (optional)	•	1329.63
TOTAL This Period (last page this line number only)	•	1329.63

В.

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check onl	NUMBER: y one) 22 23 28a 28b	PAGE 48 / 61 24
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OP	HTHPAC)		
Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.			Date of Disbursemen	
Mailing Address PO Box 63020			111 / 30	^Y 2009 ^Y
City San Francisco	State Zip Code CA 94163		Amount of Each Dis	bursement this Period
Purpose of Disbursement Bank charges - 11/09		001		1425.59
Candidate Name		Category/ Type		
Senate President	ement For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.			Date of Disburseme	
Mailing Address PO Box 63020			111 / 30	2009
City San Francisco	State Zip Code CA 94163		Amount of Each Dis	bursement this Period
Purpose of Disbursement AMEX discount - 11/09		001		223.71
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			

SUBTOTAL of Disbursements This Page (optional)	•	1649.30
TOTAL This Period (last page this line number only)	•	1649.30

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc F	•		
Full Name (Last, First, Middle Initial) America's Leadership Pac			Transaction ID: 44407-01820009946 Date of Disbursement
Mailing Address 607 14th Street, NW, Suit	te 800		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & I \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution Candidate Name America's Leadership Pac		011 Category/ Type	1000.00
Office Sought: House Disburser Senate	Primary General Other (specify) ▼	Турс	
Full Name (Last, First, Middle Initial) Butterfield for Congress Committee			Transaction ID: 43851-53561037778 Date of Disbursement M
Mailing Address PO Box 2571			111
Wilson	State Zip Code NC 27894		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution Candidate Name G. K. Butterfield		011 Category/ Type	1000.00
	ment For: 2010 Primary General Other (specify)	71	
Full Name (Last, First, Middle Initial) Capuano for Congress Committee			Transaction ID: 43851-51771181821 Date of Disbursement
Mailing Address PO Box 440305			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix} $
	State Zip Code MA 02144		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011	2500.00
Candidate Name Michael E. Capuano		Category/ Type	
	ment For: 2010 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			4500.00
TOTAL This Period (last page this line number only) .			

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	y Information copied from such Reports and for commercial purposes, other than using			d by any person f	for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolo				ion contributions from such committee
<u></u>	Full Name (Last, First, Middle Initial)				Transaction ID- 07007 00404 FF0045
	Castor for Congress				Transaction ID: 67627-60401552915 Date of Disbursement
	Mailing Address 301 W. Platt Street	et #385			111
	City Tampa	State FL	Zip Code 33606		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution 2010 Primary			011	1000.00
	Candidate Name Katherine Anne Castor			Category/ Type	
	Office Sought: X House Senate President	Disbursement For: X Primary Other (spe	2010 General ecify)		
	State: FL District: 11 Full Name (Last, First, Middle Initial)				
	Charles A. Gonzalez Congressional		Transaction ID: 43851-2813226580 Date of Disbursement		
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	•			011	1000.00
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	San Antonio Purpose of Disbursement 2010 Primary Contribution Candidate Name Charles A. Gonzalez Office Sought: X House Senate President State: TX District: 20	TX Disbursement For: X Primary	78212 2010 General	Category/	Transaction ID: 67627-94775027030 Date of Disbursement
	San Antonio Purpose of Disbursement 2010 Primary Contribution Candidate Name Charles A. Gonzalez Office Sought: X House Senate President State: TX District: 20 Full Name (Last, First, Middle Initial)	TX Disbursement For: X Primary	78212 2010 General	Category/	Transaction ID: 67627-9477502703
	San Antonio Purpose of Disbursement 2010 Primary Contribution Candidate Name Charles A. Gonzalez Office Sought: X House Senate President State: TX District: 20 Full Name (Last, First, Middle Initial) Ciro Rodriguez for Congress	TX Disbursement For: X Primary	78212 2010 General	Category/	Transaction ID: 67627-94775027036 Date of Disbursement M M M / D D D / Y Y Y O Y Y Amount of Each Disbursement this Period
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City Los A	Angeles		Sta CA		Zip Code 90048			Amour	nt of Each	Disburs	ement th	is Period
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NAME OF COMMITTEE (In Full)								
American Academy of Ophthalmology Ir	nc Political Committee (OF	PHTHPA	C)					
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Mailing Address PO Box 1236 Box 281				11	Ô	3	200	9
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Purpose of Disbursement 2010 Primary Contribution		011					1500.00)
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John Calvin Fleming, Jr. Office Sought: X House Disbu	rsement For: 2010	Туре	•					
Senate President	X Primary General Other (specify) ▼							
State: LA District: 04	Other (specify)							
Full Name (Last, First, Middle Initial) Freedom Project; the				ransact			'-733730	49497
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City Washington	State Zip Code DC 20003			Amount o	of Each	Disburse	ment this	
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Mailing Address PO Box 19163				1 1 M	[′] 0	^D / Y	2009	9 ^Y
City Las Vegas	State Zip Code NV 89132		,	Amount o	of Each	Disburse	ment this	
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NAME OF COMMITTEE (in Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Friends of Jim McDermott Mailing Address PO Box 21786 City State WA 98111 Purpose of Disbursement 2010 Primary Contribution Candidate Name Jim McDermott Office Sought: X House President State: WA District: 07 Full Name (Last, First, Middle Initial) Friends of Bill Posey Mailing Address PO Box 360877 City Melbourne FL 32936 Office Sought: X House Bill Posey Office Sought: X House Disbursement For: 2010 Candidate Name Bill Posey Office Sought: X House Disbursement For: 2010 Candidate Name Bill Posey Office Sought: X House Disbursement For: 2010 X Primary General Category/ Type Transaction ID: 67627-0540277361 Date of Disbursement this Period Amount of Each Disbursement 1 1 1 1 000.00 Transaction ID: 67627-0540277361 Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Transaction ID: 43851-9218561053 Date of Disbursement 1 1 1 000.00 Transaction ID: 43851-9218561053 Date of Disbursement this Period Transaction ID: 43851-9218561053 Date of Disbursement 1 1 1 000.00 Transaction ID: 43851-9218561053 Date of Disbursement this Period Transaction ID: 43851-9218561053 Date of Disbursement 1 1 1 000.00 Transaction ID: 43851-9218561053 Date of Disbursement 1 1 1 000.00 Transaction ID: 43851-9218561053 Date of Disbursement this Period Category/ Type Office Sought: X House X Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: X House X Port Office Sought: X Primary General Transaction ID: 43851-9218561053 Date of Disbursement 1 1 1 000.00 Transaction ID: 43851-9218561053 Date of Disbursement 1 1 1 000.00 Transaction ID: 43851-9218561053 Date of Disbursement 1 1 1 000.00 Transaction ID: 43851-9218561053 Date of Disbursement 1 1 1 000.00 Transaction ID: 43851-9218561053 Date of Disbursement 1 1 1 000.00 Transaction ID: 43851-9218561053 Date				
Friends for Jim McDermott Mailing Address PO Box 21786 City State Zip Code Seattle WA 98111 Purpose of Disbursement 2010 Primary Contribution Candidate Name Jim McDermott Office Sought: House President Primary General Primary Contribution City State: WA District: 07 Full Name (Last, First, Middle Initial) Friends of Bill Posey Mailing Address PO Box 360877 City State: Zip Code Melibourne FL 32936 Purpose of Disbursement 2010 Primary Contribution Candidate Name Bill Posey Office Sought: House Disbursement For: 2010 Amount of Each Disbursement this Period Primary Contribution Candidate Name Disbursement For: 2010 Seneral President District: 15 Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO Box 270701 City State: FL Disbursement For: 2010 Seneral President Other (specify) ▼ City State: FL District: 15 Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO Box 270701 City State: FL District: 15 Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO Box 270701 City State Zip Code West Hartford CT 06127 Purpose of Disbursement 2010 Primary Contribution Candidate Name Christopher J. Dodd Office Sought: House President Disbursement For: 2010 Seneral President Candidate Name Christopher J. Dodd Office Sought: House President Preside	NAME OF COMMITTEE (In Full)			
State Sta				Transaction ID: 43851-813274562356 Date of Disbursement
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Senate President State: WA District: 07 Full Name (Last, First, Middle Initial) Friends of Bill Posey Mailing Address PO Box 360877 City Melbourne FL 32936 Purpose of Disbursement 2010 Primary Contribution Candidate Name Bill Posey Office Sought: X House Senate President State: TL District: 15 Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO Box 270701 City State Zip Code TL 32936 Purpose of Disbursement 2010 Primary General Disbursement For: 2010 Amount of Each Disbursement this Period Type Office Sought: X House Senate Other (specify) ▼ Transaction ID: 43851-9218561053 Date of Disbursement This Period Other (specify) ▼ Transaction ID: 43851-9218561053 Date of Disbursement This Period Other (specify) ▼ Amount of Each Disbursement Transaction ID: 43851-9218561053 Date of Disbursement This Period Other (specify) ▼ Transaction ID: 43851-9218561053 Date of Disbursement This Period Other (specify) ▼ Amount of Each Disbursement This Period Other (specify) ▼ Amount of Each Disbursement This Period Other (specify) ▼ Amount of Each Disbursement This Period Other (specify) ▼ Amount of Each Disbursement This Period Other (specify) ▼ Amount of Each Disbursement This Period Other (specify) ▼ Amount of Each Disbursement This Period Other (specify) ▼	Jim McDermott	pursement For: 2010	0,	
Full Name (Last, First, Middle Initial) Friends of Bill Posey Mailing Address PO Box 360877 City State Zip Code Melbourne FL 32936 Purpose of Disbursement 2010 Primary Contribution Candidate Name Bill Posey Office Sought: X House President State: FL District: 15 Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO Box 270701 City State Zip Code CT 06127 Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO Box 270701 City State Zip Code CT 06127 Purpose of Disbursement 2010 Primary Contribution Candidate Name Christopher J. Dodd Office Sought: Vertical Purpose of Disbursement Por: 2010 Amount of Each Disbursement Tor: 2010 Purpose of Disbursement Till Policy Purpose of Disbursement Tor: 2010 Purpose of Disbursement Tor: 2010 Purpose of Disbursement Tor: 2010 Till Category/Type Office Sought: Vertical Purpose of Disbursement Tor: 2010 Till Category/Type Office Sought: Vertical Purpose of Disbursement Tor: 2010 Till Category/Type Office Sought: Vertical Purpose of Disbursement Tor: 2010 Till Category/Type Office Sought: Vertical Purpose of Disbursement Tor: 2010 Till Category/Type Office Sought: Vertical Purpose of Disbursement Tor: 2010 Till Category/Type Office Sought: Vertical Purpose of Disbursement Tor: 2010 Till Category/Type Office Sought: Vertical Purpose of Disbursement Tor: 2010 Till Category/Type Office Sought: Vertical Purpose of Disbursement Tor: 2010 Till Category/Type Office Sought: Vertical Purpose of Disbursement Tor: 2010 Till Category/Type Office Sought: Vertical Purpose of Disbursement Tor: 2010 Till Category/Type Office Sought: Vertical Purpose of Disbursement Tor: 2010 Till Category/Type Office Sought: Vertical Purpose of Disbursement Tor: 2010 Till Category/Type Office Sought: Vertical Purpose of Disbursement Tor: 2010 Till Category/Type Office Sought: Vertical Purpose	Senate President			
City State Zip Code FL 32936 Purpose of Disbursement 2010 Primary Contribution Candidate Name Bill Posey Office Sought: X House Senate President State: FL District: 15 Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO Box 270701 City State Zip Code Trype West Hartford CT 06127 Purpose of Disbursement CT 06127 Purpose of Disbursement Tor: 2010 Transaction ID: 43851-9218561053 Date of Disbursement Till M M Milling Address PO Box 270701 City State Zip Code Trype West Hartford CT 06127 Purpose of Disbursement Tor: 2010 Trype Amount of Each Disbursement M M M M M M M M M M M M M M M M M M M	Full Name (Last, First, Middle Initial)			Transaction ID: 67627-054027736186
Melbourne FL 32936 Purpose of Disbursement 2010 Primary Contribution Candidate Name Bill Posey Office Sought: X House Senate President Other (specify) ▼ State: FL District: 15 Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO Box 270701 City State Zip Code West Hartford CT 06127 Purpose of Disbursement 2010 Primary Contribution Candidate Name CT 06127 Purpose of Disbursement 2010 Primary Contribution Candidate Name CT 06127 Disbursement Por: 2010 Amount of Each Disbursement this Period CT 06127 Office Sought: X Senate President Disbursement For: 2010 General Other (specify) ▼				$\begin{bmatrix}\begin{smallmatrix}M&1&M\\1&1&\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}D&1&0\\&1&6\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}Y&Y&0&0&9\\&2&0&0&9\end{smallmatrix}$
2010 Primary Contribution Candidate Name Bill Posey Office Sought:				Amount of Each Disbursement this Period
Bill Posey Office Sought:	•		011	1000.00
Senate President Other (specify) ▼ State: FL District: 15 Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO Box 270701 City State Zip Code West Hartford CT 06127 Purpose of Disbursement 2010 Primary Contribution Candidate Name Christopher J. Dodd Office Sought: House X Senate President New Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Disbursement For: 2010 X Primary General Other (specify) ▼ Other (specify) ▼	Bill Posey			
Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO Box 270701 City State Zip Code West Hartford CT 06127 Purpose of Disbursement 2010 Primary Contribution Candidate Name Christopher J. Dodd Office Sought: House X Senate President Disbursement For: 2010 X Primary General Other (specify) Other (specify)	Senate President	X Primary General		
City West Hartford CT Purpose of Disbursement 2010 Primary Contribution Candidate Name Christopher J. Dodd Office Sought: House X Senate President Disbursement For: X Primary General Code CT 06127 Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: Other (specify)	Full Name (Last, First, Middle Initial)			Transaction ID: 43851-921856105327 Date of Disbursement
West Hartford Purpose of Disbursement 2010 Primary Contribution Candidate Name Christopher J. Dodd Office Sought: House X Senate President President CT 06127 2500.00 2500.00 Category/ Type Category/ Type Category/ Type Other (specify) ▼	Mailing Address PO Box 270701			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 1 & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 0 & D \\ 0 & 3 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
2010 Primary Contribution Candidate Name Christopher J. Dodd Office Sought: House X Senate President Disbursement For: 2010 X Primary General Other (specify)				Amount of Each Disbursement this Period
Christopher J. Dodd Office Sought: Office Sought: Disbursement For: X Senate President Other (specify) Type Type	2010 Primary Contribution			2500.00
X Senate X Primary General Other (specify) ▼	Christopher J. Dodd			
	x Senate	X Primary General		

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)	dia dadress of drij political		on contributions from such continues
American Academy of Ophthalmology Inc	Political Committee (OPI	HTHPAC)	
Full Name (Last, First, Middle Initial) Friends of Chris Dodd			Transaction ID: 67627-5702936053276 Date of Disbursement
Mailing Address PO Box 270701			111
•	State Zip Code CT 06127		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Contribution		011	5000.00
Candidate Name Christopher J. Dodd		Category/ Type	
X Senate President	ment For: 2010 Primary X General Other (specify)		
State: CT District:			
Full Name (Last, First, Middle Initial) Friends of Erik Paulsen			Transaction ID: 43851-9041864275932 Date of Disbursement
Mailing Address PO Box 44369 250 Prairie Center Drive			111 7 03 7 2009
,	State Zip Code MN 55344		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011	2500.00
Candidate Name Erik Paulsen		Category/ Type	
Senate X President	ment For: 2010 Primary General Other (specify)		
State: MN District: 03			
Full Name (Last, First, Middle Initial) Friends of Ginny Brown-Waite			Transaction ID: 67627-2122613787651 Date of Disbursement
Mailing Address PO Box 865			111 Y Y Y O O 9 Y
	State Zip Code FL 34605		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011	1000.00
Candidate Name Virginia Brown-Waite		Category/ Type	
9 1	ment For: 2010 Primary General Other (specify)		
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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	È	21b 27	22 28a	X 23	3b	24 28c		25 29	26
	y Information copied from such Reports and State for commercial purposes, other than using the nar										
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OPHT	HPA	AC)							
/	Full Name (Last, First, Middle Initial) Friends of Ginny Brown-Waite Mailing Address PO Box 865				Date of	action of Disb				9134 0 ŏ 9	
	City Brooksville	State Zip Code FL 34605			Amou	nt of E	ach D	isburse	ment	this P	eriod
	Purpose of Disbursement 2010 Primary Contribution Candidate Name Virginia Brown-Waite	C	01 Categ	jory/					200	00.00	•
	Office Sought: X House Disburs	ement For: 2010 Primary General Other (specify)	Тур	le							
	Full Name (Last, First, Middle Initial) Friends of Jack Kingston Mailing Address PO Box 2133 PO Box 2133				Date of	action of Disb				4046 0 ŏ 9	
	City Savannah	State Zip Code GA 31402			Amou	nt of E	ach D	isburse			eriod
	Purpose of Disbursement 2010 Primary Contribution Candidate Name Jack Kingston	C	01 ateg	jory/					250	00.00	•
		ement For: 2010 Primary General Other (specify)									
	Full Name (Last, First, Middle Initial) Griffith for Congress				Date of	of Disb	ursem		'-442	6385	7603
	Mailing Address PO Box 2916				1 1	M /	16		ž	0 ŏ 9	Y
	City Huntsville	State Zip Code AL 35804			Amou	nt of E	ach D	isburse			eriod
	Purpose of Disbursement 2010 Primary Contribution		01			-			100	00.00	
	Candidate Name Parker Griffith		Categ Typ								
	The state of the s	ement For: 2010 Primary General Other (specify)									
	UBTOTAL of Disbursements This Page (optional)			•			•		550	0.00	•

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ITE	EMIZED DISI	BURSEMEN	TS for ea	ach category of the iled Summary Page	' —	22 X 23 24 25 28a 28b 28c 29
						n for the purpose of soliciting contributions solicit contributions from such committee
\	NAME OF COMMI American Acade	TTEE (In Full) my of Ophthalmo	ology Inc Politica	al Committee (C)PHTHPAC)	
	Full Name (Last, Fin Gutierrez for Con					Transaction ID: 67627-7305414080 Date of Disbursement
	Mailing Address	5310 W. Cullon	า			111
	City Chicago	·	State IL	Zip Code 60641	_	Amount of Each Disbursement this Period
	Purpose of Disburs 2010 Primary Contr				011	1000.00
	Candidate Name Luis V. Gutierrez	X House	Disbursement Fo	or: 2010	Category/ Type	
		Senate President	X Primar		al	
	State: IL [Full Name (Last, Fire	District: 04 rst, Middle Initial)				Transaction ID: 43851-5087701678
	Hall for Congres AS)	s Committee (RA	ALPH HALL - RC	OCKWALL, TEX	<u>-</u>	Date of Disbursement
	Mailing Address	Post Office Box	711			111 03 7 2009
	City Rockwall		State TX	Zip Code 75087	_	Amount of Each Disbursement this Period
	Purpose of Disburs 2010 Primary Contr				011	1000.00
	Candidate Name Ralph M. Hall				Category/ Type	
		X House Senate President	Disbursement Fo X Primar Other		al	
	State: TX	Pistrict: 04 rst, Middle Initial)				Transaction ID: 43851-3608972430
	Hoyer for Congre					Date of Disbursement
	Mailing Address	607 14th Street Suite 800				
	City Washington		State DC	Zip Code 20005	1	Amount of Each Disbursement this Period 2500.00
	Purpose of Disburs 2010 Primary Contr				011	2300.00
	Candidate Name Steny H. Hoyer		t		Category/ Type	
			Disbursement Fo	or:2010		
-	Office Sought:	X House Senate President	X Primar	ry Genera (specify) ▼	al	
	Office Sought:	Senate	X Primar		al	

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TEMIZED DISBURSEMENTS		category of the Summary Page		Ė	21b 27	22	2 [23 28b	24	4 3c	_	25 29	$\frac{2}{3}$
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NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I	nc Political C	Committee (OP	HTH	НF	PAC)									
Full Name (Last, First, Middle Initial) Michael Burgess for Congress						Da	ate of		sburse		51-9			
Mailing Address PO Box 2334						1	1		0	3 /	L.	2 () 0 9	
City Denton	State TX	Zip Code 76202				An	noun	t of	Each	Disbu	-			eriod
Purpose of Disbursement 2010 Primary Contribution			_	0			•				1	100	0.00	-
Candidate Name Michael C. Burgess					gory/ pe									
Senate President	x Primary Other (spe	2010 General ecify) ▼												
State: TX District: 26 Full Name (Last, First, Middle Initial)						Tra	ansa	ctic	on ID:	676	27-7	7137	7414	3130
Michaud for Congress						Da	ate of	Dis	sburse		Υ Υ) 0 9	
Mailing Address 213 Lisbon St						L			<u> </u>	0	<u></u>		003	_
City Lewiston	State ME	Zip Code 04240				An	noun	t of	Each	Disbu				erioc
Purpose of Disbursement 2010 Primary Contribution				0	11				•		1	100	0.00	
Candidate Name Michael H. Michaud				Catego Type										
Office Sought: X House Senate President State: ME District: 02	x Primary Other (spe	2010 General												
Full Name (Last, First, Middle Initial) Minnick for Congress									on ID:	676 ement	27-8	3172	2265	387
Mailing Address PO Box 306						1	1	/	^D 1	6 [/]	Y	ž c	ó 9	Y
City Boise	State ID	Zip Code 83701				An	noun	t of	Each	Disbu	-			erioc
Purpose of Disbursement 2010 Primary Contribution	Purpose of Disbursement										2	200	0.00	
Candidate Name Walter C. Minnick					gory/ pe									
Senate President	X Primary Other (spe	2010 General												
State: ID District: 01	al)								•	•	4	.000	0.00	
SUBTOTAL of Disbursements This Page (option						F	-	-			-	500	J.JU	•
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IT	EMIZED DISBURSEMENTS	I	category of the Summary Page		21b 27	22 28a	X 23 28b	24 280	-	25 29	26 30
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam										
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc					noit conti		0.11 0001			
۷.	Full Name (Last, First, Middle Initial) Nelson 2012						action ID		1-007	91567	75640
	Mailing Address PO Box 8666					1 1	M / D	o 3 /	Ž (o ŏ 9	Y
	City Omaha	State NE	Zip Code 68108			Amou	int of Each	Disburs			eriod
	Purpose of Disbursement 2012 General Contribution Candidate Name				011				100	0.00	•
	E. Benjamin Nelson	ement For:	2012		ategory/ Type						
	X Senate President	Primary Other (spe	X General								
	State: NE District: Full Name (Last, First, Middle Initial)						action ID		1-099	42263	3364
•	Price for Congress Mailing Address PO Box 425						of Disburs	o 3 /	Ý Ž	o ŏ ə	Y
	City Roswell	State GA	Zip Code 30077			Amou	int of Each	n Disburs	ement	this Pe	eriod
	Purpose of Disbursement 2010 Primary Contribution			Г	011	L.			500	0.00	
	Candidate Name Thomas E. Price			С	ategory/ Type						
		ement For: Primary Other (spe	2010 General ecify) ▼								
	Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee				action ID		1-485	77517	7271		
	Mailing Address 76 Magnolia Terrace					1 ^M 1	M / D	o 3 ′	^Y ^Y 2 (o ŏ 9	Y
	City Springfield	State MA	Zip Code 01108			Amou	int of Each	Disburs			eriod
	Purpose of Disbursement 2010 Primary Contribution				011				500	0.00	
	Candidate Name Richard E. Neal			C	ategory/ Type						
	Senate X President	ement For: Primary Other (spe	2010 General ecify)								
	State: MA District: 02						• •	•	1100	0.00	•
S	UBTOTAL of Disbursements This Page (optional)				<u> </u>	-	•		1100	Ų.UŲ	-
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SCHEDOLL B (I LOT OHII 5X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 61 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
	ame and address of any political con	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee HPAC)
Full Name (Last, First, Middle Initial) Rogers for Congress Mailing Address PO Box 581 Post Office Box 581 City Brighton Purpose of Disbursement	State Zip Code MI 48116	Transaction ID: 43851-6118280291 Date of Disbursement M M M D D D Y Y Y Y O Y O Y Amount of Each Disbursement this Period 1000.00
2010 Primary Contribution Candidate Name Mike Rogers		O11 Category/ Type
Full Name (Last, First, Middle Initial) Schock for Congress Mailing Address PO Box 10555		Transaction ID: 67627-1420862078 Date of Disbursement 111
City Peoria Purpose of Disbursement 2010 Primary Contribution Candidate Name Aaron Schock Office Sought: X House Senate President State: IL District: 18		Amount of Each Disbursement this Period 1000.00 1000.00 Type
Full Name (Last, First, Middle Initial) Susan Davis for Congress Mailing Address 1212 S. Victory Blvd. Suite 200 City Burbank Purpose of Disbursement 2010 Primary Contribution Candidate Name Susan A. Davis Office Sought: X House Senate President State: CA District: 53		Transaction ID: 43851-4125177264 Date of Disbursement M M M M D D D Y Y Y Y O Y O Y Amount of Each Disbursement this Period 1000.00 011 Category/ Type
SUBTOTAL of Disbursements This Page (option	al)	3000.00

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		PAGE 60 / 61		
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		27	28a 28b	28c 29 30b		
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NAME OF COMMITTEE (In Full)						
American Academy of Ophthalmology Inc	Political Committee (OPHT	THPAC)				
Full Name (Last, First, Middle Initial) Tom Rooney for Congress			Transaction ID: 68 Date of Disbursemen	3690-4610101580619 nt		
Mailing Address 2336 S. East Ocean Blvd	. #313		111 / 23	2009		
,	State Zip Code FL 34996		Amount of Each Dist	oursement this Period		
Purpose of Disbursement 2010 Primary Contribution		011		1000.00		
Candidate Name Thomas Joseph Rooney		Category/ Type				
Senate X President	ment For: 2010 Primary General Other (specify) ▼					
State: FL District: 16						
Walden for Congress	Full Name (Last, First, Middle Initial) Walden for Congress					
Mailing Address PO Box 1091			11 1 1 6	Ž 0 0 9 °		
•	State Zip Code OR 97031		Amount of Each Disk	oursement this Period		
Purpose of Disbursement 2010 Primary Contribution		011		1000.00		
Candidate Name Greg P. Walden		Category/ Type				
Senate X President	ment For: 2010 Primary General Other (specify)					
State: OR District: 02						
Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee		Date of Disbursemer				
Mailing Address PO Box 1500			11 / 16	Ý ŽOŠ9		
Chico	State Zip Code CA 95927		Amount of Each Disk	oursement this Period		
Purpose of Disbursement 2010 Primary Contribution		011		1500.00		
Candidate Name Walter Herger, Jr.		Category/ Type				
9 1	ment For: 2010 Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional) .				3500.00		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 61 / 61				
ITEMIZED DISBURSEMENTS	for each category of the	(check only					
	Detailed Summary Page	21b	22 X 23 24 25 26				
		27	28a 28b 28c 29 30b				
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NAME OF COMMITTEE (In Full)							
American Academy of Ophthalmology Inc	Political Committee (OPH	ITHPAC)					
Full Name (Last, First, Middle Initial)			Transaction ID: 43851-9605981707573				
Wyden for Senate			Date of Disbursement				
Matter Address - 000 NE out 4			111 D 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 232 NE 9th Avenue			03 2009				
	State Zip Code		Amount of Each Disbursement this Period				
Portland	OR 97232						
Purpose of Disbursement			1000.00				
2010 Primary Contribution		011					
Candidate Name		Category/					
Ron Wyden		Туре					
Ŭ H-	ement For: 2010						
	Primary General						
State: OR District:	Other (specify)						
Full Name (Last, First, Middle Initial)			Transaction ID: 67627-7839624285698				
Zack Space for Congress Committee			Date of Disbursement				
Mailing Address 726 Sixteenth Street NE			111 16 7 2009				
	State Zip Code		Amount of Each Disbursement this Period				
Massillon	OH 44646						
Purpose of Disbursement			1500.00				
2010 Primary Contribution		011					
Candidate Name		Category/					
Zachary T. Space		Туре					
· -	ement For: 2010						
Senate X President	Primary General Other (specify)						
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SUBTOTAL of Disbursements This Page (optional)	•	2500.00
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State: OH

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